



## Fall 2004 Internship Opportunity Form

*Please print and complete this information sheet for **each** position available*

Business/Organization Name \_\_\_\_\_

Complete Worksite Address \_\_\_\_\_

Major Cross Streets \_\_\_\_\_

Supervisor Name and Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Alternate Supervisor (if any) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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Student Worker Job Title \_\_\_\_\_

Student Worker Job Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a **TB test** required? Yes \_\_\_\_\_ No \_\_\_\_\_

How many positions are available for the above job description? \_\_\_\_\_

Skills youth may expect to develop from their experience with you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Available hours youth may work each day (example...M 8 AM -5 PM)

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_

Skills/qualities required before student is considered for placement with you:

\_\_\_\_\_

\_\_\_\_\_

Additional Notes: \_\_\_\_\_

Please fax completed form to **Kristen Major** by August 27th  
Phone **(562) 570-4733** Fax **(562) 570-4744**